

Submit Monthly

NAME **Associated Petroleum Products, Inc.**
ADDRESS **P.O. Box 1397**
Tacoma, WA 98401-1397

WA0038784
PERMIT NUMBER

001 Oil/Water Separator
DISCHARGE NUMBER

**NOTE: Read instructions
before completing this form.**

COUNTY **Pierce**

FACILITY

LOCATION **2320 Milwaukee Way**

FROM

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
		01				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Flow	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	Report	gpd					n/a	01/01	Measured
Oil & Grease, no visible sheen	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					0	0=No / 1=Yes	0	01/01	Visual
Oil & Grease	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				10	15	mg/L	0	01/30	Grab
pH	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT			6.0	n/a	9.0	s.u.	0	01/30	Composite
Total Suspended Solids	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				20	30	mg/L	0	01/30	Composite
BTEX	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				n/a	100	µg/L	0	01/30	Grab
Benzene	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				n/a	1.2	µg/L	0	01/30	Grab
Zinc, Total recoverable	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT				n/a	3,290	µg/L	n/a	01/30	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME **Associated Petroleum Products, Inc.**
 ADDRESS **P.O. Box 1397**
Tacoma, WA 98401-1397
 COUNTY **Pierce**
 FACILITY
 LOCATION **2320 Milwaukee Way**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

WA0038784
PERMIT NUMBER

001 Oil/Water Separator
DISCHARGE NUMBER

Submit Quarterly

**NOTE: Read instructions
before completing this form.**

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
Total Petroleum Hydrocarbon – Gas	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					n/a	1.0	mg/L	0	01/90	Grab
Total Petroleum Hydrocarbon – Diesel	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					n/a	10.0	mg/L	0	01/90	Grab
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